

COUNSELING RELEASE FORM

(Permission to Disclose Information)

By signing this form, I authorize my counselor, Dr. David Shaw, to release information he deems appropriate to _____ (circle one: parents; other relatives; doctor; pastor; employer; spouse; children; child's teacher; administrator; friend; officer of the church). The information released occurred within the counseling process and is intended for my benefit in this process. I understand that my counselor will not release this information to anyone other than the party/parties cited in this document. I also understand that I am not bound to release this information. I am making an informed decision to release this information. I understand that prior to any release of information of information to the party/parties cited above; I will be notified verbally of my counselor's intent to do so.

Regarding release of information to my Pastor, I understand that my counselor operates from a biblical perspective, and therefore is aware that each church has in place different policies concerning church discipline. It is my responsibility to be informed as to the stance my church takes on this matter and to be fully prepared to place myself in subjection to that policy if my pastor believes it is appropriate to move in that direction. I also understand that the biblical basis for church discipline is restitution to Christ and fellow believers.

My signature indicates that my counselor has verbally discussed this form with me, has explained confidentiality (and its limits), and has not in any way coerced me to sign this document. My signature also indicates that prior to signing, I understand, and agree to, the purpose of this request.

Counselee/Guardian	Printed Name	Date
Spouse (If applicable)	Printed Name	Date
Counselor Signature	Printed Name	Date